

# **APPLICATION DATA SHEET**

## **Application Information**

**Application Number::**

**Filing Date::** 2/6/04

**Application Type::** Regular

**Subject Matter::** Utility

**Suggested Classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::**

**Number of CD Disks::**

**Number of Copies of CDs::**

**Sequence Submission?::**

**Computer Readable Form  
(CFR)?::**

**Number of Copies of CFR::**

**Title::** Trailer Impact Suppression Apparatus

**Attorney Docket Number::** 37688-199395

**Request for Early Publication?::**

**Request for Non-Publication?::**

**Suggested Drawing Figure::**

**Total Drawing Sheets::** 10

**Small Entity?::** Yes

**Latin Name::**

**Variety Denomination Name::**

**Petition Included?::**

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl::**

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** Canada  
**Country::** Canada  
**Status::** Full Capacity  
**Given Name::** Weldon  
**Middle Name::** J.  
**Family Name::** PETERS  
**Name Suffix::**  
**City of Residence::** Nanton  
**State or Province of Residence::** Alberta  
**Country of Residence::** Canada  
**Street of Mailing Address::** Box 1330, 2716 19<sup>th</sup> Avenue  
**City of Mailing Address::** Nanton  
**State or Province of Mailing Address::** Alberta  
**Country of Mailing Address::** Canada  
**Postal or Zip Code of Mailing Address::** TOL 1RO

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## **Correspondence Information**

<b>Correspondence Customer Number::</b>	26694
<b>Phone Number::</b>	202 344 4000
<b>Fax Number::</b>	202 344 8300
<b>E-Mail Address::</b>	acaitken@venable.com

## **Representative Information**

<b>Representative Customer Number::</b>	26694
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## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
present	Continuation-in-part	09/983,273	10/23/01
09/983,273	Non-Provisional of	60/246,614	11/8/00
	Continuation of		
	Continuation of		

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

## **Assignee Information**

**Assignee Name::**

**Street of Mailing Address::**

**City of Mailing Address::**

**State or Province of Mailing  
Address::**

**Country of Mailing Address::**

**Postal or Zip Code of Mailing  
Address::**